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## BIB DATA SHEET

CONFIRMATION NO. 1625

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/783,603	02/19/2004	607	3735	2502187-991200		
<b>RULE</b>						
<b>APPLICANTS</b> Robert E. Grove, Pleasanton, CA; Mark V. Weckwerth, Pleasanton, CA; Tobin C. Island, Oakland, CA;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,243 02/25/2003 and claims benefit of 60/450,598 02/26/2003 and claims benefit of 60/451,091 02/28/2003 and claims benefit of 60/452,304 03/04/2003 and claims benefit of 60/451,981 03/04/2003 and claims benefit of 60/452,591 03/06/2003 and claims benefit of 60/456,379 03/20/2003 and claims benefit of 60/456,586 03/21/2003 and claims benefit of 60/458,861 03/27/2003 and claims benefit of 60/472,056 05/20/2003 ABN						
<b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/13/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/david shay/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 11	<b>TOTAL CLAIMS</b> 78	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> LAW OFFICES OF JAMES E. EAKIN P.O. Box 1250 Menlo Park, CA 94025 UNITED STATES						
<b>TITLE</b> Eye-safe dermatologic treatment apparatus						
<b>FILING FEE RECEIVED</b> 2074	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		